

**U.S. DEPARTMENT OF EDUCATION
2004 CIVIL RIGHTS DATA COLLECTION**

DISTRICT SUMMARY: ED101
Due Date: March 31, 2005

PLEASE CORRECT OR SUPPLEMENT THE INFORMATION ON THE LABEL IF IT IS INCORRECT OR INCOMPLETE:

District Name:

District Address:
Street or P.O. Box

City/Post Office:

County:

State:

Zip:

1. Report the total number of public schools in the district:	
2. Report public school membership of this district (include students served in out-of-district facilities):	
3. How many children are awaiting initial evaluation for special education programs and related services?	
4. Report the number of children with disabilities who are eligible under the <i>Individuals With Disabilities Education Act (IDEA)</i> . Do not count students with disabilities who are solely being served under <i>Section 504 of the Rehabilitation Act of 1973</i> . <i>Of this number, how many are in each of the following (a-c):</i>	
a. How many children are receiving special education and related services in this district's schools or facilities?	
b. How many children are receiving special education in a <i>non-district</i> school or facility? <i>Of this number, how many are in the following [(1) – (6)]:</i>	
(1) Public residential placement	
(2) Private residential placement	
(3) Private separate school	
(4) Public elementary or secondary school located in another school district	
(5) Regional service agency or intermediate unit	
(6) Homebound/hospital	
c. How many children have been evaluated as requiring special education and related services, but are not receiving these services?	
5. Among the children reported under 4a. and 4b. above, how many are pre-kindergarten/pre-school children?	
6. How many children have been identified as having a disability and are receiving related aids and services solely under <i>Section 504 of the Rehabilitation Act of 1973</i> ? Do not count children who have been identified as having a disability who are receiving services under the <i>Individuals with Disabilities Education Act</i> .	

CERTIFICATION: I certify that the information is true and correct to the best of my knowledge and belief. (A willfully false statement is punishable by law (U.S. Code, Title 18, Section 1001)).

Signature of Superintendent or Authorized Representative

Telephone

Title

Fax

Date